



# POST ACADEMY – Medical Exam Report

## Peace/Detention Officer

Applicant's Name: \_\_\_\_\_  
Last First M. I.

POST ID # \_\_\_\_\_  
Last 4 of SSN 1st 4 Letters of First Name Day of Birth

**To the Applicant:** Acceptance to POST Academy requires a complete medical examination be performed by a Licensed Physician or his designee within one year prior to the starting date of the Academy. It is **your** responsibility to make sure all medical forms are completed thoroughly and signed in the appropriate places. **Complete and present the Health Questionnaire (Form BP-8) to your physician for their review.**

**Leave the Health Questionnaire (Form BP-8) with your physician.**

**To the examining Physician:** The above named applicant has chosen a career as an Idaho Law Enforcement Officer. Please check one of the following:

☐ (check box) **I have reviewed the submitted Health Questionnaire (Form BP-8) to determine if the applicant is free from any physical, emotional or mental condition, free of any signs/symptoms of communicable disease likely to infect others in an academy environment or any other condition which might adversely affect the applicant's ability to train or perform the duties of a Peace/Detention Officer.**

☐ (check box) **The applicant did not provide a completed Health Questionnaire (Form BP-8).**

**PLEASE INITIAL ALL ITEMS – INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

### **Examining Physician:**

A thorough medical examination is required prior to acceptance into the Idaho Police Academy. Law enforcement Officers are **required to participate in vigorous physical fitness exercises and self-defense** during the academy training. On the first day of the academy students must successfully complete the fitness test. In **your medical opinion** does this applicant have the level of physical fitness and physical capability to complete the following:

**Physician, please review the following and initial each line the appropriate box:**

Physical Requirement	Capable	Not Capable
Standing Vertical Jump 14" minimum		
Push-ups minimum 21		
Sit-ups 1 minute test minimum 15		
300 meter sprint maximum 77 secs.		
1.5 mile run maximum 17 min. 17 sec		
Daily training to include: stretching, running, weight lifting, calisthenics and swimming.		

**Examining Physician:**

Based upon the Idaho Law Enforcement Officer Job Task Analysis Study an officer must be able to physically perform the following duties. In **your medical opinion** is the applicant medically and physically capable of fulfilling the following requirements:

Physician, please review the following and initial each line the appropriate box:

Physical Requirement	Capable	Not Capable
Move 76 lb object 1 yard		
Pursue people on foot for 51 yards		
Use weaponless force in combat after pursuing for 51 yards		
Use defensive weapons		
Use restraining devices		
Operate vehicle in emergency situations		
Arrest violent/aggressive people		
Discharge firearms		
Conduct searches		
Operate patrol car radios		
Provide emergency first aid		
Dexterity, steadiness, gross body coordination, mobility.		
Work long hours in darkness, remote areas, hot and cold weather while seated, standing, bending, reaching, pushing, kneeling, pulling lifting, turning, crawling, handling and feeling.		

**PHYSICIAN STATEMENT AFTER EXAMINATION:**

Please initial the appropriate area:

\_\_\_\_\_ I (or my designee) have examined the above named applicant to the Idaho POST Academy and **in my opinion** find the applicant **IS physically able to perform the full duties required of an officer, in training or in the field, as outlined above.**

\_\_\_\_\_ I have examined the above applicant and it is my opinion that the applicant **IS NOT** physically able to perform the full duties required of an officer.

\_\_\_\_\_ It is my opinion that the applicant **IS NOT NOW** physically able to perform the full duties required of an officer. To become physically able to perform the duties required of an Idaho Law Enforcement Officer this person must:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ (check box) Physician acknowledges POST requires the Health Questionnaire (Form BP-8) to be included with the client's examination record(s).

Signature of Examiner \_\_\_\_\_ Date of Exam \_\_\_\_\_

Printed Name of Examiner \_\_\_\_\_

**IMPORTANT! Type or stamp Physician's name, address, telephone number below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_